LEE COUNTY TAX COLLECTIONS P.O. BOX 1968 106 HILLCREST DR SANFORD, N.C. 27331-1968 TELEPHONE: 919-718-4662
FAX: 919-718-4633
www.leecountync.gov

RENTAL VEHICLE TAX APPLICATION

SELECT ONE:	Sole Proprietorship	Partnership	Corporation	L.L.C
	Other (please specify) _			
OWNER/CORPO	DRATION INFORMAT	ΓΙΟN:		
Name:	Telephone:			
Physical Address:				
Mailing Address: _				
E-mail Address: _				
INDIVIDUAL/CO	ORPORATE OFFICE	R INFORMATI	ON: (Residence Ad	ddress/Telephone)
Name:		Но	ome Telephone:	
Home Address:				
Mailing Address: _				
E-mail Address:				
BUSINESS INFO	RMATION:			
Trade Name:				
Location:				
Contact Name/Titl	e:			
Contact Telephone	e: Business Telephone: _			
Federal Tax ID #:	Bı	usiness Begin Da	nte:	

Return completed application to: Lee County Tax Collections Division

P.O. Box 1968 Sanford NC 27331-1968